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ART. I.—*A Case of Cæsarean Section.* Reported by J. HENRY CLARK, M. D., of Newark, N. J.

DURING a recent visit to Bethlehem, Pa., I was kindly introduced, by Dr. Benjamin Wilhelm, of that town, to several cases of interest. Want of knowledge of the English language prevents him from communicating with the profession in our vernacular tongue. One case, however, deserves notice, most especially because of the boldness of the operation, and its success. The results of the operation for the removal of the contents of the gravid uterus have been so frequently unsuccessful, that a case of such entire success surely deserves to be recorded in the pages of a medical journal.

Mrs. Book, a colored woman, aged 31, of good constitution, was the subject of the operation. Four years before the date of the operation, she was delivered of a dead child with forceps, by Doctors Green and Enos, of Easton. Afterwards miscarried successively at six, five, and seven months; the latter time she was delivered of dead twins.

A year after this event, she became again pregnant; was very well during the first eight months; afterwards suffered much pain; was greatly disabled; felt the "movement" more in the right side.

May 6, 1850, arrived at full time; waters discharged; pulse natural; pains strong. Finding the pelvis greatly contracted, Dr. W. endeavored to apply the forceps, but without success.

May 7, attempted to turn, but with no better result. He could only get one foot down.

May 8, pains very frequent and frightfully severe, threatening the life of the mother, if the child had not already been sacrificed, of which he could not be certain. 10 o'clock P. M., summoned two of his professional brethren, and in a cabin on the banks of the Lehigh, by the insufficient aid of a candle at this midnight hour, the doctor proceeded to the formidable operation.

Introducing a scalpel one inch below the umbilicus, he cut along the line of the linea alba, in a downward direction, about six inches. The second incision was made *directly into the uterus.* Finding the opening too small, he passed up the knife an inch and a half, a little to the right of the umbilicus, and proceeded to remove a very large child, which appeared to have just died. He closed the wound with very loose sutures. The second day after the operation, he opened the ligatures, and afforded the wound an opportunity to bleed. This extensive cut healed speedily, with no untoward symptoms, and ever since she has enjoyed perfect health.

In our visit we found her at the wash tub. There is an evident disposition to hernia along the cicatrized track, and she says that she has pain when considerably fatigued. Mrs. B. told me that she had never been pregnant again, although exposed as much as before that time, and that she has never known anything of sexual delight since the operation. Her periods, however, are regular, and her general health is evidently excellent.

ART. II.—*Is Revaccination necessary, and when?*

DR. BUTLER:—

IN the unsettled state of this question, any contribution to our knowledge upon the subject will be deemed important. The following statement, drawn up at my suggestion by Dr. HENRY COOK, is the result of observations made and noted by him, during his residence at a town on Long Island, which was very much isolated from neighboring places, and afforded, under its peculiar circumstances, an opportunity of testing the necessity and value of revaccination rarely met with, and which, it will be

seen, he has embraced with intelligence, and a degree of industry and care which commend his example to others. Having very kindly complied with my suggestion to write out his experience, and given me permission to use it in any way I may wish, and regarding it as too valuable to remain unpublished, I will ask you to spread it before the world in your excellent journal.

Very respectfully,

JNO. H. GRISCOM.

NEW YORK, Sept. 11, 1855.

Is it necessary that vaccination should be repeated after a certain period of time has elapsed, or does its protective influence continue through life?

This question has of late occupied the attention of medical men, and become a subject of serious consideration.

That the vaccine disease so modifies the condition of the system as to be, in by far the majority of cases, a complete protection for a number of years against smallpox, is universally acknowledged; and the discovery of so potent an agent, and great a blessing conferred on mankind, by which one of the most loathsome and fatal diseases is warded off, or rendered comparatively harmless, ought to cause the name of Jenner, who was made the instrument of promulgating it to the world, to be spoken of with the greatest respect.

But that the system ceases to be under its influence after a certain term of years, has become, of late, a disputed question; some arguing that, if well and effectually performed, the individual is protected through life, while others, on the contrary, are of opinion that the changes which are gradually and constantly going on in the human organism so alter its condition as at length to render it again susceptible to the variolous poison in its most virulent form.

To the latter opinion I am disposed to incline, and base my conclusions on the following facts which have come under my observation:—

A lady, who had been thoroughly vaccinated in early life, was exposed to a case of varioloid of the mildest form; she contracted the disease, but it assumed the type of confluent smallpox, of which she died.

A gentleman, about 60 years of age, was also exposed to the same case; he contracted the disease, which took on the form of distinct smallpox, with marked secondary fever following. This person had been vaccinated about fifty years previously.

During the existence of the disease, I vaccinated 75 individuals. Of these, 45 were cases of revaccination. In 31 of the 45, the vaccination took effect, and went through its regular stages.

In the greater proportion of these cases, the scar produced by the first vaccination was satisfactory, and an interval of from twenty-five to forty years had elapsed from the introduction of the virus into the system.

Of the 14 cases of revaccination that were not successful, 10 were under twenty years of age; 3 between twenty and thirty, and 1 between sixty and seventy.

The conclusion arrived at in my own mind is, that revaccination, after a certain period of time, from ten to twelve years, should be attempted, and if it does not produce any characteristic impression, and the operation has been well performed, it may be presumed that the system is still under the protective influence of the first vaccination. This should be repeated at intervals of one or two years, till the vaccination again takes effect.

HENRY COOK.

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ART. III.—*Translations from Foreign Journals.*

By CH. F. J. LEHLBACH.

Local Treatment of Mammary Cancer.—In a case of mammary cancer, Dr. Groetzner excited inflammation by the application of muriate of zinc, and then promoted suppuration by balsam Peru, creasote, &c. Internally, the iodide of potassium was administered. In this manner the cancer was entirely removed, while the skin cicatrized without loss of substance.—*Casper's Wochenschrift.*

Hydrocele treated with Injections of Chloroform.—This new method is recommended by Prof. Langenbeck, the celebrated Berlin surgeon. In the *Deutsche Klinick*, Prof. Langenbeck publishes his

mode, and enumerates four cases treated and cured by him in this way. The mode of injecting is nearly the same as in cases where iodine injections are resorted to. The serum having been withdrawn through the canula of the trocar, one to one and a half drachms of chloroform were injected, and by slightly kneading the scrotum, the injected liquid was more closely brought into contact with the tunica vaginalis. The chloroform was left remaining in the scrotum for two minutes, when it was permitted to flow out; and, in order to remove it as thoroughly as possible, one or two injections of cold water were made into the scrotum. Finally, the scrotum was wrapped up in linen rags, wet with cold water, until the acute pain had subsided. Febrile reaction has not been observed after the operation. The swelling of the tunica vaginalis and tunica albuginea, is somewhat considerable during the first twenty-four hours, although not as serious as in iodine injections. Dr. Langenbeck thinks that the *excision of a portion of the tunica vaginalis* is always a very serious operation, because violent fever, local inflammation, *which may even extend to the peritoneum*, is apt to follow, and the patient is obliged to keep his bed for four or six weeks.

[I have seen a case of hydrocele radically cured by the following method, which, if I recollect rightly, originated with Prof. W. Parker, of New York: The scrotum having been emptied, a probe was introduced through the canula into the cavity of the scrotum, *armed at the end with nitrate of silver to the extent of about one inch.* By several circular sweeps of the probe, the caustic was brought into contact with the tunica vaginalis, and then withdrawn. The mode of arming the probe is the following: A thick paste is prepared (the best material being glue), and the end of the probe covered with this as far as necessary, and just thick enough to be introduced through the canula without difficulty. Just before the operation, the glued end of the probe is dipped into finely pulverized nitrate of silver, which adheres to the glue, and completely covers the end of the probe with a thin layer of caustic.—TRANSLATOR.]

Bi-iodide of Mercury.—Those who find it necessary to prescribe the hydrargyrum bi-iodatum contemporaneously with cod-liver oil, as is often the case, may, instead of administering these remedies separately, conjoin them. Dr. Barnes found the former remedy,

when finely pulverized, to be soluble in cod-liver oil in the proportion of 1-200 at an ordinary temperature. It is also soluble in oil of almonds, castor oil, chloroform, and melted lard.—*Mon. des Hôp.*

Tenesmus in Dysentery.—Dr. Ehrenberg highly recommends the administration of *vapor-clysters of chloroform* in tenesmus. Mode of administration: Take a common 4 oz. phial, in which one drachm of chloroform is poured. Adapt a common, but tightly closing tube, of India rubber or gutta percha, to the end of the phial. Provide the other end of the tube with a canula, similar to that of a common syringe, having several small openings, and introduce it into the rectum. To hasten the evaporation of the chloroform, the phial may be held with the hands, or warmed by immersing it into a vessel filled with warm water.—*Mediscinische Neuigkeiten.*

Newark, N. J., Sept. 1855.

PROCEEDINGS OF MEDICAL SOCIETIES.

Art. IV.—*Extracts from the Minutes of the New York Pathological Society.* Specially reported for the New Jersey Medical Reporter, by E. Lee Jones, M. D., Secretary.

Regular Meeting, *June* 27, 1855.

Bright's Disease.—Dr. Finnell presented a *kidney*, weighing 8 oz., removed from a boy 12 years of age, whose health was good until one year since, when his health and appetite commenced to fail. He, however, continued going to school. Four weeks previous to death, he was severely chastised by his teacher, beating him on the head. The next day he complained of pain in the head, but returned to school for a week, though still suffering from his head, occasionally vomiting, and at times having some febrile action. Two weeks before death, he was seen by two physicians, who, supposing him to have inflammation of the brain, caused by the beating, treated him accordingly. He died, after having a convulsion, as conjectured, of effusion of the brain. In consequence of its being reported in the neighborhood that death was caused by the beating inflicted by his teacher, an inquest was held by the coroner, and the *post-mortem examination* revealed the *brain* healthy, no fluid. Liver and heart enlarged; spleen three times the ordinary size; *kidneys* in a dark, black condition, their surfaces covered with numerous granulations of a dull, grayish-white color, and scattered throughout the structure of the organ. The urine found in the bladder, contained albumen.

Dr. Clark remarked that the disease probably existed for a year, and death was caused by an aggravation of the disease, from hyperæmia of the organ.

Softening of Spinal Cord.—Prof. A. Clark presented a specimen of *softening of the spinal cord; Sudden paraplegia*, gradual recovery; *second attack, sudden* and *permanent; cord softened; multiple abscesses of the liver.*

History.—The specimen was obtained from a gentleman 45 years of age, a bachelor and merchant, who enjoyed usual health till *June*, '54. He had suffered sometimes from dyspepsia; had once in his life, under peculiar circumstances, for a short time been addicted to the solitary vice. Once had a small sore, that he thought might be specific (it probably was not), and three years ago had two or three ulcers on his legs, and a swelling of the top of the foot, which made him a little lame for a short time. Beside this, his health has been good.

In *June* of last year, while at Schooley's Mountain, without any known cause, he was suddenly stricken with paralysis of the lower extremities, at first nearly complete, but in a few hours he recovered some use of his legs. In the course of a month, he was able to walk clumsily. From that time he slowly improved, so that by the autumn he could walk the streets without much fear of falling, though in stepping down from the sidewalks into the streets, he found some care necessary. During all this time he suffered severely from neuralgic pains in the legs. In the course of the winter (January) he went to Europe, and thinks that during the voyage, while there, and on the passage home, he improved more rapidly than before, so that on the third of May, one day before landing, he hardly felt himself an invalid. He walked firmly, and had some athletic amusements with his fellow passengers, such as he would not have dared to have attempted before the voyage. In some of these exercises he felt a sudden pain shoot through his chest, on the line of the fourth and fifth ribs. This, however, was not very troublesome, and he went to bed with no more apprehension than usual. During the night he awoke once or twice, and felt his legs "much as if they were *asleep.*" He thought little of this, however, but when he attempted to rise, early in the morning, he found his legs powerless. Attempting to stand, he fell heavily on the floor, and could not rise. He obtained assistance by raising his body by his hands and arms on to a trunk, so that he could reach the bell-pull. From that time forward he had no voluntary power in the legs; they felt numb and dead, yet some sensation existed in them, and they were very prompt to obey the reflex influences. In the first attack the sensation was not wholly abolished.

On the 7th of *May* his condition was as follows: Sitting in an easy-chair with his legs extended on another chair, without any power to move them. At times they started involuntarily; hands and arms entirely free, and as strong as usual. A sense of painful constriction in the chest, on the line of the fourth and fifth ribs, centering in the sternum; sensation all below this line on the chest and abdomen imperfect (ascertained by pinching the skin); bowels constipated; urine, retained for a time, was now dribbling away without pain; mind perfectly clear, appetite good, pulse natural, tongue clean, and no unpleasant sensation, except in the chest; no tenderness on pressing the spine.

Treatment—Consisted of derivatives to the spine between the shoulders, moderate diet, laxatives, the catheter, and a general tonic plan, including the use of strychnine. Patient under care of Drs. Parker and Watts.

In less than ten days, excoriations occurred on the paralyzed parts most subjected to pressure, and soon ulcers. There was no improvement in the symptoms, but he gradually lost strength. He however continued to sit up a considerable portion of the day, till the 16th of June.

On the 19th of June, Dr. C. saw him with Drs. Parker and Watts. He was then wholly confined to bed, pale, emaciated, countenance somewhat sallow; had a very large, deep-black slough over the sacrum, and a smaller ulcer on each hip. He had had chills, followed by sweating, at irregular intervals, for several days; pulse 130 to 140, and small; respiration frequent,

with occasionally a sense of constriction and suffocation (the constriction he referred to the trachea just above the sternum); twitching of the legs, shoulders, hands, and body; tongue covered with whitish, hard papillary elevations; complained of pain in the shoulder blades; his mind at times flighty; bowels evacuated, as from the first, without his knowledge, and now rather frequently; urine constantly flowing, turbid, containing pus; a slightly sallow tint of the complexion and skin. He had no pain except that in the shoulder-blades. No sensation from the sores about the pelvis. Reflex action brisk, and sensibility almost wholly abolished in the lower extremities. The treatment now was entirely sustaining. It was evident that he had purulent accumulations somewhere, and the increasing icterus indicated the liver as its probable seat. Three days later, the scrotum became erysipelatous and much swollen. He died on the 24th, at 12½ A. M., having just demanded to be raised to the sitting posture in bed; a moment after being raised, he breathed his last.

Post-mortem examination 17 hours after death; thermometer 70° at 7 A. M. Weather damp and sultry. No rigor mortis in any part of the body. The whole surface pretty deeply jaundiced. Erysipelatous blisters on the thighs and about the pelvis; the large black ulcer on the sacrum bubbling with the gas of decomposition; tissues of the back watery and pale.

The spinal canal was opened from behind, and the spinal cord removed from the third cervical to the first lumbar vertebra. On the anterior face of the theca in the lower dorsal region, were spots of ecchymoses, an inch or so in length, by ¼ inch in width; but there were no corresponding marks or change on the arachnoid surface, or in the cord. The theca and arachnoid were stained of a tan or brownish color by the decomposing blood, or imbibition of hæmatin. The *cord* was of usual firmness from above downwards, as far as the fourth dorsal vertebra. Here was a portion, one inch in length, so much softened on its anterior half as to fluctuate like a small abscess. Cut into, it was semi-fluid, of a whitish drab color, showing no trace of fibrous arrangement, and no stain of yellow to mark a former apoplexy. This softening was equal on the two sides, but not so much affected the median portion, where a narrow septum, perhaps $\frac{1}{16}$ inch in thickness, of only partially softened tissue, separated the pultaceous portion on the right and left. The posterior portion was also softened, but to a less extent, and not wholly pultaceous. The arachnoid covering this softened part was united to the thecal arachnoid by three or four delicate threads of adventitious tissue, showing the former presence of adhesive inflammation. The same kind of threads were noticed both above and below the softened part, for a little distance. Above and below the softened portion, for the space of two inches and more, the vessels within the cord were numerous, large, and full. There was, however, in these portions, no loss of firmness. The contrast of color between the softened portion of the cord and the firmer parts above and below, was sufficiently striking; the former being of a dull, whitish drab, without any mark of vascularity, the others were (after exposure) of a pale pink, showing vessels as large as a small sized sewing thread.

The *liver* was large, weighing perhaps six pounds, as dark-colored as dark blood could make it, and thickly studded with small abscesses. The purulent deposits varied in size from a No. 7 shot to duck shot, and a few nearly a half inch in diameter, irregular in shape. These occurred on the surface, once in every half to three-fourths of a square inch. In the interior of the organ they were not quite so abundant. No inflammation of the capsule.

All the tissues of other parts were moderately stained with bile. Brain and thorax not examined.

Dr. Clark observed that the inquiry regarding the cause of this softening was interesting. The symptoms of the attack in June, '54 all point to apoplexy as its most probably source. That attack was sudden. The paralysis was complete for a few hours, and after that there was gradual improvement

for near eleven months, with neuralgic pains in the legs; then came sudden, complete, and permanent paralysis, in which there was no neuralgic pain. The last attack was, beyond question, caused by softenings that had been insidiously going on for some time before the sudden development of the symptoms. Regarding the first, it is true that the examination after death did not reveal a blood-stain, or any other mark of former apoplexy, but it is easier to suppose that the blood may have been wholly absorbed, and yet have provoked the softening, than to infer that the symptoms of softening could undergo such marked improvement through a period of eleven months.

Hydatid Cyst of Liver.—Dr. CLARK next exhibited a specimen of an enormous *cyst* of the *liver*, removed from a man 62 years of age, sent to him by Dr. Turner, of the King's County Hospital. He was received into the institution on the 17th of February last, and complained of diarrhœa and pain in the bowels, and stated he had been sick about three months. Was emaciated, and complexion sallow. Had about eight passages from his bowels during the night, and three or four during the day; appetite good, tongue clean, pulse 88. On examining the abdomen, the liver was felt extending below its normal limits, and on its surface several firm eminences were perceived. He experienced much pain on pressure being made over the liver, more in central portion than elsewhere. He died on the 5th of May, being comatose six hours previous.

On inspection after death, the *liver* was found to contain a cyst of monstrous extent, filled with a dirty, greenish-colored fluid, which deposited a sediment composed of crystals of margarine, or some fatty matter. The microscope reveals nothing characteristic. On examining the inner lining membrane, there seems to be a material which does not belong to the healthy body; it is a structureless, striated, hardened tissue. He, Dr. C., considered it to be a great hydatid cyst. In portions the liver is cancerous.

Cancer of Stomach. Hypertrophy of Stomach.—Prof. J. T. METCALFE presented *two stomachs*, removed from persons between 50 and 60 years of age, both during life having the same symptoms, attributed to cancer. In both there was pain and vomiting occurring after meals, varying from a few minutes to half an hour. Both were emaciated, and labored under constipation. An epigastric tumor existed in each. In the one (the cancerous) the tumor extended from the sixth rib to the hypochondriac region, painful, hard, and irregular on surface. Each died of inanition. Both were supposed to have cancer of the stomach; but the examination after death revealed, in the *latter case*, the *stomach*, having an obliquity from left to right approaching a position nearly vertical. Its anterior wall greatly hypertrophied, mucous membrane congested and red. Omentum thickened and congested; glands enlarged, and over the whole peritoneal surface were deposits of hard, white masses, cancerous. Lungs and liver free from cancer. Lymphatic glands not cancerous. In the other instance, the mucous membrane of the stomach was greatly thickened; the orifice enlarged; nothing else discovered, no cancer; it was simply hypertrophy of the normal tissues of the organ.

The practical point of interest, observed Dr. M., to be derived from these cases, when considered together, is, that when there exists a tumor over the stomach, pain and vomiting, progressive emaciation, and death by inanition, we are not always justified in regarding the disease in question as *cancer* of the *stomach*.

Dr. CLARK considered the question not determined as to this form of disease being malignant or not, nor did he regard the microscope as alone capable of settling the point. Fourteen years since, he had promulgated the opinion that cancer could not always unequivocally be determined by that instrument, and since then, greater familiarity in its use had not induced any change in his views. Nor did he regard it, in the present cases before the Society, as a matter of any practical importance in forming a correct diagnosis, since both produce death in the same manner.

Tubercles of the Kidneys and Bright's Disease.—Dr. METCALFE then presented the *kidneys* removed from a man 40 years old, admitted into *Bellevue Hospital*, suffering from a slight diarrhœa, of which he was relieved in a few days. His account of himself was unsatisfactory, his intellect being obtuse. He stated he had for some time been inconvenienced by an affection of the bladder, causing a frequent desire to pass his water. His urine was withdrawn by a catheter, and found to contain a large quantity of albumen, also pus and blood in considerable abundance. The next day he gradually sank, becoming comatose just before death.

Post-mortem Examination.—The *bladder* contained 2 or 3 oz. of bloody, brickdust colored urine, similar to that drawn off during life by the catheter. On the inner surface, corresponding with the triganum vesicale, was a slight thickening and roughness of the mucous membrane, from chronic inflammation. Nothing abnormal was observed respecting the ureters, except some distension of that of the right side.

The *kidneys* were enlarged (weighing 7½ ounces). The surface seen through the capsule, which was easily detached, was irregularly nodulated, the nodules being generally not larger than those of a cirrhosed liver. In color they were mottled red and white. A section through them showed considerable atrophy of the cortical portion, with general albuminous infiltration of the cellular tissue. The tissue was hard, and cut much like the liver in cirrhosis. Small masses, having the appearance of miliary tubercles, were scattered through the kidney. Here and there were purulent collections, in size from a duck-shot to half an inch in diameter, with well-marked, thick, firm cysts, separating them from the renal tissues. Many of these cavities were anfractuous. The renal artery of the left kidney was as large as a goose-quill. The walls were very much thickened, and the vessel penetrated between the apices of two pyramids before subdividing.

Microscopic examination showed that the cavities contained broken down tuberculous matter, mixed with abundance of pus. In many places the tubes and cells were perfectly healthy. In a few, there was well-marked fatty degeneration of the epithelial cells. There was much new tissue, the result of simple exudation, as was shown by the great abundance of fibro-plastic cells found in all parts examined.

Nothing else abnormal was observed in the abdominal contents. The thoracic organs were healthy, except that each lung contained in the upper two inches, a small amount of miliary tubercles. The tissue was crepitant on pressure, and presented not the slightest trace of yellow or softened tubercle. The brain normal.

Dr. METCALFE remarked, it would seem an inevitable inference from the history of this case, that the tubercular deposit occurred primarily in the kidney. It thus furnishes us with a rare illustration of an exception to the general law of tuberculosis occurring in the adult. It is, moreover, of much practical interest, by showing how great organic lesions may exist with but trifling indications from general symptoms.

Ulceration of Appendix Vermiformis.—Dr. METCALFE next presented a specimen of *ulceration* of the *appendix vermiformis*, occurring in a young gentleman 19 years of age, of good constitution, and without having ever suffered from serious illness. Commenced to complain of slight colicky pains in the abdomen, with a little febrile excitement and nausea, on the 2d of May, 1855. In his absence, his friend, Dr. J. H. Borrowe (from whom the history of the case has been obtained), was sent for, who, in addition to the symptoms above mentioned, noticed a furred tongue, and a yellowish hue of the skin. There was no pain on pressure over the abdomen. A cathartic (calomel and scammony) ordered. It did not operate. The next day, May 3d, although complaining of slight nausea, he dressed himself and came down to the drawing-room. No heat of skin, nor quickness of pulse. About 12 o'clock in the day he had a rigor. The night was passed restlessly; he

complained of a general uneasy, painful sensation over the abdomen. The next morning, at 7 o'clock, Dr. Borrowe was sent for. He found the patient with a rapid, small pulse; cold, clammy skin; tympanitic and tender abdomen, and collapsed face. He at once suggested the probability of peritonitis from intestinal perforation, and expressed his grave fears of an unfortunate termination. He was at once placed on the opium treatment. At 11 A. M., was seen in consultation with Dr. Van Buren. The state of collapse had continued; pulse of same character, 150 per minute. Fifteen leeches to the lower part of the abdomen, and opium to be continued, in quantities sufficient to control the pain. In the evening some slight reaction had taken place; opium continued, and in addition a blister covering the abdomen. At 12 o'clock at night Dr. Metcalfe saw him, with Drs. Borrowe and Van Buren. He was then quite tranquil, evidently from the effects of the opium. The skin was warm and moist, the pulse 120, respiration natural in frequency, thoracic tympanitis, great abdominal tenderness, frequent eructation of gas. To give beef tea, brandy and water, and milk punch as stimulants and nourishment. To continue the opium, *pro re nata*. The symptoms continued without material change until the morning of the fourth. Dr. F. U. Johnston was then added to the consultation. At this time it was noticed that the pulse was failing, and that there was a tendency to coldness of the extremities. The same treatment was continued. About 3 P. M., he commenced to sink, and without a struggle, expired an hour afterwards. Consciousness and intelligence were natural, until a few minutes before death, when there was a little wandering of the mind.

Post-mortem examination twenty-three hours after death. Weather temperate. From having been kept in ice, there was great muscular rigidity. On opening the abdomen (the only cavity examined) a small puff of fetid gas escaped as the knife penetrated the peritoneal sac. This was found to contain a few ounces of turbid, brownish yellow fluid, having the odor of fecal matter, most marked in the right iliac region. Elsewhere there was arborescent injection of the peritoneum, but no effusion, save in one or two spots near the commencement of the large intestine, where exudation of plastic lymph was observed. By this, the caput coli and appendix vermiformis were adherent to the mesentery, which, at this point, was intensely congested with blood.

On being carefully separated from its adhesions, the appendix was found to contain some hard body, as large as the end of a man's middle finger, impacted in the diverticulum, not more than a quarter of an inch from its intestinal extremity. Beyond the obstructing body, the appendix was dilated, in its whole length, by fluid, which had apparently been prevented from passing into the cæcum, by the plug referred to. Opposite to the latter was a perforation from sloughing of the walls of the vermiform process, which had allowed the intestinal contents to escape into the peritoneal sac.

The cause of the obstruction was found to be a hardened stercoral mass, measuring half an inch in diameter, in which were imbedded small bits of undigested vegetable fibres, and small fruit seed, apparently those of the strawberry.

E. LEE JONES,
Secretary.

De Milt Dispensary, N. Y.

BIBLIOGRAPHICAL NOTICES.

ART. V.—*A Treatise on Diseases of the Heart and Aorta.* By WM. STOKES, of Dublin. Pp. 710. Philadelphia: Lindsay & Blakiston, 1855.

ALTHOUGH but a few years have elapsed since the investigations of Laennec spread before the medical public a new field of inquiry, text-books and manuals on cardiac and pulmonic pathology and diagnosis, have multiplied in an unprecedented manner; many of these, devoted entirely to the elucidation of certain normal and abnormal signs and sounds, either by their strife of opinions, or over-refined diagnostic rules, have proven to be real inflictions, perplexing the student, and crippling his endeavors to gain truth, by rolling up before him a mass of conglomerate subtlety. We are glad, then, when we can introduce to our libraries an intelligible, eminently practical treatise, in which it is the author's aim to reconcile important differences, and to make use only of such principles of diagnosis as have become positive. Dr. Stokes enjoys a world-wide reputation as a skilful physician and reliable author; but it is in the specialty of thoracic pathology, that he has acquired a high rank, as an acute, and cautious observer—reducing every discovery to its purely practical merit, he assumes nothing that is not founded on a substantial basis of clinical evidence. The volume before us is an exposition of facts and inferences, that have accumulated through a long experience, and as such, will meet a hearty welcome from the medical practitioner and student. Its arrangement is well adapted for study; after a description of each disease—physical diagnosis, complications, &c.—a *list of cases*, from the author's own case-book, illustrative of nearly every modification of the disease under consideration, is appended; many of these are unique, while many will be recognized by the general practitioner, as familiar in his own practice. At appropriate intervals through the book, the text is recapitulated in its most prominent features, a review that greatly aids the reader to preserve the connection of the argument.

Dr. Stokes insists, throughout his pages, on the necessity of great caution as to a reliance on physical signs alone, in the diagnosis of disease. "It will be found," says he, "that important changes may exist without corresponding physical signs—that, as disease advances, its original special evidences may disappear—that the signs of a recent, and trivial affection at one portion of the heart, may altogether obscure, or prevent those of a disease longer in standing, and much more important—that functional alteration may not only cause the signs of organic lesion to vary infinitely, but even to wholly disappear—that the signs on which the practitioner has formed his opinion to-day, may be wanting to morrow, and lastly, that to settle the simple question between the existence of functional, and that of organic disease, will occasionally baffle the powers of even the most enlightened and experienced physician." While deprecating implicit confidence in auscultation and percussion, he nowhere omits to concede them their full value as two most efficient auxiliaries, in the investigation of thoracic complaints.

As a subject of great importance in practical medicine, he refers to the innocuousness for years of valvular disease, notwithstanding the development through that whole time of prominent and permanent physical signs. The remarks are so suggestive, and exhibit the character of the work so faithfully, that we extract them.

"It appears certain, that in some cases, after a valvular lesion has been established, the processes of organic change are either wholly arrested, or advance with extreme slowness, so that, should the condition of the heart's cavities remain unaltered, and the general health of the patient continue good, no symptoms of heart disease will occur for many years, and the individual may not only enjoy an apparently perfect state of health, but be able to undergo violent and fatiguing exercises, and even indulge freely in the use of stimulants. Such cases may go on for many years without the occurrence of any symptom which awakens the attention of the patient, or excites the apprehension of the physician. Yet all this time a valvular murmur has existed in the heart.

"Now, it may often happen in such cases, that the patient, having contracted some inflammatory affection of the lungs, consults a physician who has had no knowledge of his previous history. A stethoscopic examination is made, a loud murmur is detected, and a twofold error is commonly committed: first, that the murmur is supposed to indicate a recent, and progressive disease, and next, that the patient is suddenly, and for the first time informed, that he has an organic disease of the heart. Physicians who cannot help thinking aloud, or, who less excusably, are fond of exhibiting their diagnostic tact to the patient, are but too apt to commit these errors. The greatest evils now result, for the chief safeguard of the patient is at once removed, and his attention is painfully directed to the state of his heart, than which there could be nothing better calculated to hasten its disease. But this is not all: a long-existing change, which we might compare to the cica-

trix of a wound, is taken for a recent and progressive disease. All the habits of the patient are altered by peremptory mandates; he is debarred the use of wine; he is placed on a low diet, and all active exercise, and pleasurable excitement are forbidden. The discoverer of the disease, too, must now attempt to cure it. Local and general depletion, mercury, digitalis, prussic acid, blisters and issues, are summoned to lend their aid in attempting an impossibility, and in doing that which ought not to be done, namely, weakening the heart, and exhausting the general nervous energy. Under such circumstances, and with the fear of sudden death continually before the mind, the results are just what might be expected; the action of the heart becomes enfeebled and irregular; its cavities dilate, with or without hypertrophy; and dropsy and visceral congestion close the scene. I know of no case more aptly illustrative of the evils of *nimia diligentia medici*.

"The practical rule, obviously should be, that when we accidentally discover a valvular murmur in the heart of a patient, whose previous health had been good, and who did not present any of the symptoms of disease of the heart, we should be slow indeed, in communicating the fact to any one, least of all to the patient himself. We must, without exciting his apprehension, seek to discover whether this murmur be the result of some long previous illness, or whether it be of recent origin; and if it appears that the patient, during the past seven or ten years, had suffered from rheumatic fever, with or without the symptoms of carditis, we may, with great probability conclude that the disease originated in the occurrence of that affection. We must then examine into the habits of the individual during the period in question, and be very slow in advising any alteration in them, for common sense must teach us that any system of living which had preserved the muscular portions of the heart from lesion, while the functions of the organ remained in a state of health, and which had not caused any advance in the valvular affection, should not be lightly departed from. And, above all, we must avoid the unpardonable error of treating a fixed, and incurable organic change as a recent and progressive disorganization."

The work is got out in substantial style, and will be a valuable addition to the library of the physician.

ART. VI.—*Letters to a Young Physician just entering upon Practice.* By JAMES JACKSON, M. D., &c. &c. Pp. 344. Boston: Phillips, Sampson & Co. New York: J. C. Derby, 1855.

IN primitive times, before medicine had assumed the features of a science, when experience and observation alone were guides in the treatment of disease, it was customary for those having experience in the management of the sick, to sit in some public place, that they might have the opportunity of imparting that knowledge and experience to the afflicted. In this manner, the attainments made by one generation in the healing art were linked to the succeeding one, until the genius of Hippocrates

grasped, and put on record, for all time, the traditionary medical lore of his age.

We have always felt that age and experience owe a debt to mankind, especially when knowledge can be imparted which will tend to relieve human suffering. Yet there are hoary-headed physicians going down to their graves with the accumulated experience of threescore of years in the practice of their profession, with their hands as it were upon their mouths, while the facilities for communicating their experience to their brethren amount almost to a nuisance.

Dr. Jackson, in the unpretending little volume before us, has well discharged his duty to those who are to succeed him. The work is just such a one as the young physician needs; and older physicians can read it with profit, particularly as it is the recorded experience of one who has been eminent in his profession. "It is my object," says the author, "in these letters, to point out to you in a familiar manner whatever occurs to me as likely to aid you, and which the books do not say much about." There are seventeen letters on the following topics: Introductory; on Conduct in the Sick Room; on the Nervous System, and on Headache; on Epilepsy, and the Convulsion-Fits of Young Children; on Apoplexy and Palsy; on Chorea, Neuralgia, and Pain; on Somnambulism, Animal Magnetism, and Insanity; on Dentition and the Period of Weaning; on Cholera Infantum, the Second Dentition, and Ulcuscula Oris; on Abscess in the Tonsils, Elongated Uvula, Bronchitis and Pnuemonitis, Rheumatism and Gout; on Phthisis and Hæmoptisis; on Dyspepsia; on some Diseases of the Intestines, particularly of the Cæcum and Colon; on Constipation of the Bowels; on Bilious Diseases, Biliary and Urinary Calculi, and Irritable Bladder; on Boils; on the Treatment of Typhoid Fever.

This summary of the contents of the work will serve to show its exceeding value, particularly to the young practitioner, as a practical aid in cases that are met with every day, and many of which are often perplexing, even to a practitioner of experience.

We heartily thank Dr. Jackson, on behalf of the "young physician," for his little book, and cheerfully recommend it to our readers, old or young.

ART. VII.—*A Treatise on Epidemic Cholera.* By HORATIO GATES JAMESON, Sen., M. D., &c. &c. Pp. 286. Philadelphia: Lindsay & Blakiston, 1855.

BALTIMORE here presents us with a second work on the subject of cholera, both Dr. Jameson and Dr. Byrne—whose work was noticed not long since—having been residents of that city.

The subject of the work before us is one on which the profession needs light, and any contribution to its literature is valuable. Dr. Jameson writes with earnestness, and goes into the subject of cholera with a considerable degree of minuteness—its history, nature, causes, preventive measures, and treatment. He is a non-contagionist, and presents some strong reasons in support of his view.

Among the different methods of treatment, our author treats the subject of *transfusion* at considerable length. The very rapid loss of the fluids of the body in this disease, has directed the attention of the profession to some method for replacing them, and attempts have been made with many different substances; but hitherto without marked success. Our author does not mention the recent and partially successful attempts made with newly drawn cow's milk. Drs. Herapath and Bovell have succeeded in saving the lives of patients, when apparently far gone in collapse, by injecting into the veins fresh milk to the amount of about eight ounces.

Dr. Jameson's book, which is well worthy a place in the library of the physician, was published by subscription, we believe, so that it is probable there is a limited supply of copies for sale. Those, therefore, who desire to possess the work, should procure it soon.

The publishers have issued the work in their usual creditable style.

ART. VIII.—*American Eclectic Obstetrics.* By JOHN KING, M. D., Professor of Obstetrics and Diseases of Women and Children in the Eclectic Medical Institute of Cincinnati, Ohio, &c. &c. Pp. 741. Cincinnati: Moore, Wilstach, Keys & Co., 1855.

WITHOUT having taken time for a very critical examination of the above work, we would say that it appears to give a fair exposition of the present state of obstetrical science. We do not discover anything particularly new in the text. The author has exhibited commendable diligence in compiling and presenting the views of different obstetrical writers.

There is one feature of the work which to us is novel, viz: all the illustrations—many of which are taken from Ramsbotham and other standard authors—are represented in outline on a dark ground. This method has the advantage of cheapness, and, in many cases, of giving a clearer view of the subject intended to be illustrated. In many instances, however, this form of illustration is a failure.

Appended to the work constituting Part VI. is the "Obstetric Materia Medica," comprising a description of the various remedies employed in obstetric medicine. Of course, the vegetable Materia Medica holds the most prominent position.

The work seems well adapted for a text-book in the school with which its author is connected, and would not be out of place in the library of the true "eclectic," the unpretending physician, who does not appeal to popular prejudices by adopting a high sounding title to which his right is questionable. If our Cincinnati friends are not very careful, they will some day die with that word "eclectic" in their mouths!

The publishers have brought out the work in a very neat, substantial style.

ART. IX.—1. *Transactions of the Medical Association of the State of Alabama*, at its Eighth Annual Session, begun and held in the city of Mobile, Feb. 5, 6, 7, 1855; together with the Code of Medical Ethics, and a List of Members. Pp. 148. Mobile: 1855.

2. *Transactions of the State Medical Society of the State of New York*; transmitted to the Legislature, Feb. 13, 1855. Pp. 308. Albany: 1855. (Public document.)

3. *Proceedings of the Sixty-third Annual Convention of the Connecticut Medical Society*, May, 1855; with a List of Members and the Dissertation of Stephen G. Hubbard, M. D. Pp. 87. Hartford: 1855.

4. *Transactions of the Medical Association of Southern Central New York*, at the Ninth Annual Meeting, held at Elmira, June 5, 1855. Pp. 124. Elmira: 1855.

OUR readers are aware that we attach great value to the published proceedings of the various medical associations of the country. We believe that these associations are of vast importance in connection with medical progress, and we consequently regard with peculiar satisfaction the steady increase in their number. We cheerfully devote some space to a notice of the proceedings of the several associations named at the head of this article.

The Alabama State Medical Association is one of the most active in the country. Its eighth annual session was held in Mobile on the 5th, 6th, and 7th of February last; Dr. L. H. Anderson, of Sumterville, the President, in the chair. The address of the President on the *Objects and Interests of the Association* was eminently practical, its recommendations being calculated to advance the interests of medical science in the State. One of the recommendations of the address, which we perceive was favorably received and promptly acted upon by the meeting, was to the effect that the Association be permanently located at Mobile, and that steps be taken to secure a room, to be known as the "STATE MEDICAL ASSOCIATION HALL," for the purpose of accommodating the annual meetings, and for collecting a pathological museum, specimens in the various departments of natural history, and a library. Some of our readers may remember that, in an address published in the last volume of the REPORTER, we advocated similar sentiments. There are, also, very interesting reports on

the botany, diseases, &c., of different sections of the State, besides papers on two or three other subjects.

The annual oration by Dr. W. Taylor, was on the *Eligibility of Mobile as a Site for a School of Medicine.* Our southern friends are much exercised to establish a medical school that shall rival those of Philadelphia and New York. Richmond, Charleston, Nashville, Louisville, St. Louis, Memphis, New Orleans, and now Mobile have bid for its location, and still the question remains unsettled.

The South is able to support one, or even two great medical schools; but the trouble is, both north and south, that so many contend for the prize; that instead of two, three, or four large schools, we have almost as many score of starving colleges, many of them supplied by peripatetic professors, who are compelled to waste their energies on two or three schools for support, instead of throwing them all in favor of one. If Mobile contends for this prize (and she possesses many natural advantages for the location of a medical school), we wish her success. With her Bolings, her Lopez, her Andersons, her Notts, and others, it would be easy for Alabama to make up a faculty that would be second to none in the country.

The *Medical Society of the State of New York* met at Albany on the 6th of February last, the President, Dr. C. B. Coventry, in the chair. In his address, the President briefly refers to the early history of the Society, and insists on the importance of keeping up the county organizations. From some remarks in the address on the subject of medical education, we quote the following:—

"Many suppose the schools can raise the standard of the graduate as high as they please, and compel the pupil to come up to it. The legislature make the laws, fix the period of study, and the number of courses they shall attend. All that the professors can properly require is, that the pupil has complied with the law, and made reasonable proficiency for the time required by the law. Much has been said on the subject of medical education in this country, and invidious comparisons drawn between it and the course of medical education in Europe. A committee of the American Medical Association in their report has the following:—

"'And when we consider the existing system of other countries, how vast a difference is manifested, upon the most cursory examination; truly must it be acknowledged, that the mass of our medical graduates is inferior to those of other climes.'

"The author, whilst he expatiates on the system in other countries, the time spent in attendance on hospitals and lectures, and pronounces his dicta, gives no account of the system in our own country, except the attendance on lectures required. An old adage says, 'Comparisons are odious.' It is

particularly so in this case, for things entirely different are compared, with a view of disparaging our own institutions. The system of instruction in medicine is entirely different in the two countries, and the committee should first have shown the superiority of the European system, and its adaptation to the conditions and wants of this country. In Europe, medical schools are, for the most part, mere appendages of the hospitals. The pupil is expected to acquire his profession in the hospital: no private instruction is required, save the requirement of hospital attendance. In this country, the student is expected to acquire his profession of his private instructor. The medical schools are only accessory. It might be sufficient to show the absurdity of such comparisons, by simply showing that the European system was impossible in this country—until recently, we had no hospitals, to which the student could resort; and, even now, few of them are available for medical instruction. I am not, however, prepared to admit the 'vast' superiority of the European system, and its adaption to this country, where the pupil has a faithful, competent, and intelligent instructor. In England, as in this country, the only test of qualification is an examination; and a recent writer in the *Medico-Chir. Review* admits that an industrious pupil could acquire all that is required in four years. The pupil in the country, under the care of an intelligent instructor, learns not only the physical but the medicinal properties, and mode of compounding medicines, witnesses their administration, and watches their effect. He sees disease of every description treated by his preceptor, watches its progress from day to day; he feels the pulse, examines the tongue, auscultates the chest, listens to the throbbing of the heart, and seeks, without any hesitation, any explanation he may desire, from his instructor. In time, he is prepared to visit patients, and treat them, under the supervision of his preceptor; and, at the end of three or four years, he gets his degree—is prepared to start for himself. I had almost said books prepared them, if educated exclusively in a hospital, where most of the diseases he sees treated he may never meet in the country. In a hospital, most of the patients are broken down in their constitution by dissipation or poverty, and in the confined and contaminated atmosphere of a hospital, to say nothing of the risk of moral contamination attendant on a protracted residence in a large city, at the most susceptible period of life. Let me not be understood as advocating the too prevalent custom in this country of mere boys entering upon the study of medicine, only half educated, and totally unprepared for the study of a profession. This is a fault universal, and applies to every profession and business of the country. It is admitted that, as a general rule, medical students are better prepared and better educated, and of more mature age, before entering upon the study in Europe. I speak only of the course of professional education and its effects, provided they commence the study with equal qualifications.

"But our hospitals are under a different government from the schools, and, with few exceptions, are not available for medical instruction. At present, I believe that private instruction, under an able practitioner, is the best clinical instruction accessible to a majority of medical students. Our system of medical education was evidently adapted to the early condition of the country, and it may well be asked if the period has not arrived when an institution on a more extended scale, embracing a more thorough course of instruction, with regular clinical lectures, would not be sustained by the profession; combining, as far as practicable, the advantages of private instruction and hospital practice; this would necessarily require an extended lecture term, and a larger number of professors."

The annual address—also by the President, Dr. Coventry—is on *The Philosophy of Medicine as a Science and an Art.* The

address is interesting and instructive, but we must pass on to other portions of the *Transactions.*

Dr. Frank H. Hamilton, of Buffalo, contributes a long and eminently practical report on *Dislocations, with especial reference to their results.* Dr. H. is well known as an earnest laborer in the science and art of surgery, and one who looks at the shady as well as at the light side of the result of surgical treatment. In regard to fracture of the thigh, Dr. H. made use of the following language at the last meeting of the American Medical Association:—

"We have heard members of the profession declare that they could mend a fractured femur without shortening the limb. This is an impossibility;* and it is disgraceful to make such assertions; they are not true, and are calculated not only to degrade, but subject us to prosecutions for malpractice," &c.

Dr. Hamilton is not disposed to hide his own shortcomings, or those of others in surgery. In the report before us, he gives an epitome of the results of dislocations which have come under his extended observation. The report is so useful that we would gladly spread it before our readers entire, but that being out of the question, we content ourselves with a few quotations, with the hope of giving a good summary of the whole article; and this is more easily done, as the author has himself furnished a kind of synopsis of the various subjects of which he treats.

Dislocations of the Clavicle.—"Of the nine collar bone dislocations, eight occurred at the acromial or distal end, and one at the sternal or proximal end. Of the former, seven were dislocations upwards, the bone being merely lifted from its articulation, but not made to ride over the scapula. In one case, the dislocation was upwards and outwards, and must have been accompanied not only with a rupture of the capsular ligaments, as in all of the other cases, but also with a rupture of the coraco-clavicular ligaments, without which so much outwards displacement cannot occur.

"In most of the cases, the clavicle was easily reduced, but in no instance was it made to remain in place; not even measurably; the displacement being always as great after treatment as before. In all cases, except one, where the result has been ascertained, the functions of the arm and shoulder have been more or less impaired, yet generally the impairment has been trivial.

"I am quite sure that it will not be found often, if ever, practicable to retain the scapular end of the clavicle in place when it has been once dislocated; and that the same difficulty will generally exist when the dislocation is at the sternal end."

Dislocations of the Humerus.—"My records furnish me with 44 cases of dislocation of the head of the humerus, of which 30 were downwards and 14 forwards. Of the whole number, 38 were reduced, two of which are sup-

* In a report of Dr. Hamilton's remarks in the June number of the REPORTER (p. 188), he is made to say this "*may be* an impossibility," &c. Our readers will please note the error in that report, and correct it.

posed to have become reluxated, and so remained at the time of my examination. Of the five which were never reduced, one was recognized immediately, but the attempt to reduce it, on several consecutive days, failed. Two cases were not seen by a surgeon until some time after the accident. One case, complicated with a fracture of the same bone, was seen by a surgeon, but the accident not recognized. The history of one case is not known. About one-fourth part of the whole number now in place were reduced immediately, or within a few hours, and the remainder at periods varying from one day to eight weeks. In only three or four of the first class of cases were anæsthetics, or the mechanical appliances used, and in five or six of the latter. Two of the luxations were complicated with fracture of the same bone, and one was compound.

"It will be observed that the procedures adopted by myself in the reduction of recent cases has been much varied in different cases, and sometimes in the same case, but that the reduction has been generally effected while pulling upon the arm outwards, and a little downwards from the line of the body. In some cases the extension has also been made successfully at right angles with the line of the body, and in others directly upwards and over the head, and in others manipulation alone, without extension, has been employed. But whatever direction has been adopted in the extension, I have never omitted to make a direct application of the counter force to the scapula, through the acromion process, which I regard as vastly more effective than any counter force applied to the axilla, and to which, indeed, I have generally observed that the successful result was due. The necessity of avoiding the axillary margin with the heel, or the counter extending force, is well enough understood, but I doubt whether surgeons have sufficiently appreciated the difficulty of doing this, or, indeed, the complete impossibility of making here any effective pressure against the scapula, even though the heel shuns the muscular margins, and buries itself however deeply in the axilla. A moment's attentive consideration must convince us that by this procedure the scapula may be lifted outward from the body, but not certainly carried backwards in a direction opposed to the extension. If, therefore, the heel in the axilla serves any useful purpose, it must be as a fulcrum; it may also serve some useful purpose as a mode by which both the patient and the operator may be steadied while extension is being made at the forearm.

"It is against the end of the acromion process, therefore, that I have always sought to make counter-extension when pulling downwards or outwards, and against the top of the scapula when pulling upwards. * * *

"The usual appliances for confining the scapula, such as a band across the acromion process, or a sheet with a fenestrum through which the arm is thrust, &c., I have found generally unreliable, and I have preferred the fingers or the hands of a stout assistant, or my own foot.

"In one case only have I resorted to the practice first suggested by Nathan Smith, of making the counter-extension from the opposite arm. The reduction was accomplished easily. I have no doubt of the correctness of the principle upon which the suggestion is based.

"In several instances my attention has been called to a remarkable fulness in front of the head of the bone, which has continued for many months after the reduction has been effected, the patients having in some cases applied to me to know whether this did not indicate that the shoulder was not properly set, since it seems, upon casual inspection, like a partial forward displacement of the head of the bone, and which seeming is the more conclusive, because there is often a corresponding flatness or depression behind. Yet a careful examination has proven that this fulness is not due, in any degree, to the position of the head of the bone, from non-reduction of the bone or laceration of its capsule. It is equally present where the elbow is carried forwards, and when, consequently, the head of the bone is thrown back in its socket, as when the elbow is carried back. It has been observed as often,

also, as will be seen by reference to the cases, where the luxation has been downwards into the axilla, as when it has been forwards. While I am not prepared fully to explain the cause of this phenomenon, I am disposed to regard it as a purely *muscular* fulness, and as having relation only to the injury which the pectoralis major, or, perhaps, some portion of the deltoid muscle, has sustained.

"I am certain that muscular contraction and rigidity is the most frequent cause of the complete anchylosis, as well as of the minor embarrassments to freedom of motion, which so often ensue upon those accidents, and which I would term *muscular anchylosis*, to distinguish it from those few cases of anchylosis which result from fibrous adhesion about the joint. In but few instances, immediately after the reduction, has the patient been able to lift the arm, by his own volition, to a right angle with the body, yet in every instance it could be lifted, without causing much, if any pain, by the surgeon. The muscles, either by the displacement or in consequence of the means employed to reduce the bone, have suffered serious injury, and the present paralysis, where, indeed, it is not due to lesion of some nerve, must in some measure foreshadow the future contraction and rigidity.

"In two cases of unreduced downward luxations, the patients could carry the elbow back much further than they could forwards; and in case of a forward luxation, the same thing was observed, while in four cases a general muscular anchylosis occurred, which lasted many months, and during which time motions of the joint were nearly or entirely lost, the scapula moving always with the humerus. In each case, however, after a period longer or shorter, the motions of the joint gradually returned.

"The application which I propose to make of these facts is, that the head of the humerus may be displaced, after a reduction has been once well accomplished, by the mere force of a gradual muscular contraction, steady and long continued, and without the aid of extreme violence, or the intervention of sudden spasm; and that in case of an unreduced shoulder, we are not forced to conclude that it has never been properly reduced, because it cannot be shown that any new accident has occurred, or that the patient has had spasms of the muscles, or that he is subject to such dislocations from trivial causes, or, indeed, although the subject was not himself conscious of a sudden escape of the bone, since, in such a case, the bone, stayed and supported on each side by muscles in a state of extreme rigidity, would move from its socket by the slightly preponderating action of one set, so quietly and silently as not to be observed.

"My attention has been called, also, to the subject of the sound or tactile sensation produced in the reduction of this bone, and especially in reference to the medico-legal question, whether those present in the room, and not assisting in the operation, could have heard the reduction, and thus have become more competent to testify to the fact.

"It was upon this point, so material to both parties, that medical gentlemen were not agreed in the case of Bastido *vs.* the late Professor James Webster.

"I find that in most cases there was a tactile sensation palpable to the operator and his assistants, and not always very easily distinguished from the sensation of audition, while in several cases there was an audible snap, heard distinctly in all parts of the room; but never was the snap audible where anæsthetics or mechanical appliances were used. Under these latter circumstances, a snap or a sudden slipping may occasionally be felt, but never heard."

Dislocations of the Radius.—"I have recorded 13 cases of dislocation of the head of the radius, of which 11 were forwards and 2 backwards. My experience, therefore, does not correspond with the experience of Gibson, Boyer, Chelius, B. Cooper, Guthrie, and others, who have met with the dislocation backwards much more frequently than the dislocation forwards.

"Of the whole number of dislocations, backwards and forwards, of the head of the radius, seven were reduced immediately, or soon after the accident, yet only five remained reduced. One case was reluxated by an attempt, on the part of the father, to straighten the arm, and one case was accompanied with a fracture which would not permit it to remain in place. Those which remained reduced have resulted in useful and nearly perfect arms. Of the eight unreduced, one was reduced after eighteen months, and continued in place; four, I think, were not recognized as dislocations at the time of the accident, although examined by surgeons; two were recognized, but the surgeons failed to accomplish the reduction; the remaining two were reduced, but became again displaced.

"These cases, so unfavorable to our art, since only 6 of 13 are permanently reduced, demonstrate, however, not so much the difficulty of accomplishing the reduction in cases of simple dislocation, as the difficulty of making the diagnosis.

"Surgeons are not agreed as to what is the usual position of the forearm, as to supination or pronation, in the dislocations of the head of the radius.

"I have examined more especially, in reference to this question, the unreduced cases. In three cases of forward luxation, the forearm was found forcibly proned; in one case it was in a condition midway between supination and pronation, and in no case, of either recent or ancient luxation, have I found it supined.

"I found the arm proned, also, in one case of dislocation, backwards.

"I have seen but one dislocation of the lower end of the radius, and this was not complete."

Dislocations of the Radius and Ulna.—"Of the twenty-one dislocations of the radius and ulna, eighteen occurred at their upper ends, seventeen of which were dislocations upwards and backwards.

"Eleven of the upward and backward dislocations were reduced, one of which, however, did not remain in place.

"Of the eight unreduced dislocations, two were treated at first by empirics, and the nature of the accident was not ascertained. Five were examined and treated from the first by intelligent surgeons, who, in two cases, supposed them to be fractures of the lower end of the humerus, and in three cases recognized the dislocations, but were unable to reduce them. Whether in either of these three latter cases the dislocation was complicated with a fracture of the coronoid process, I am unable to say. In another case the coronoid process was probably broken.

"Three dislocations have occurred at the lower ends of these bones, of which one only was complete. This was a compound dislocation, and terminated fatally on the fourteenth day."

Dislocations of the Thumb and Fingers. "Indian Puzzle."—"I shall take the liberty, gentlemen, of calling your attention to a communication which I made in 1847, to the *Buffalo Medical Journal*, entitled, *New Instrument for making Extension in cases of Dislocation of Small Joints.* This instrument was successfully employed in Case 6, of dislocation of the thumb.

"'Dr. Flint—*Dear Sir:* I have in my possession an instrument for making extension in cases of dislocation of small joints, which is, I believe, superior to anything which has ever before been invented or used.

"'I scarcely know how to describe it so as to be intelligible, yet it is very simple. It is made by the Indians in this vicinity, and may always be had during the summer at the Indian toy shops at Niagara Falls. The Indians call it a "puzzle," and know no other use for it than to fasten it upon the thumb or finger of some victim, and then pull him about until he begs to be released. The Indians in Maine, I am told, make the same thing also, and for the same purpose.

"'The "puzzle" is an elongated cone, of about six or eight inches in length,

made of ash splittings, and braided; the open end of the cone being about three-fourths of an inch in diameter, and the opposite one terminating in a braided cord. When applied to the finger, it is slipped on lightly, forming a cap to the extremity, and half the length of the finger, and upon being drawn upon, fastens itself upon the member with a most unflinching grasp; and, if of proper size, and made of proper material, it becomes the more securely fastened in proportion as the traction is increased; yet, applying itself equally to all the surfaces, it inflicts the least amount of possible pain and injury upon the limb. When you wish to remove it, you have only to cease pulling, and it drops off spontaneously. In reduction of a dislocated thumb, where ordinary service fails, it will be found of invaluable service.'

"I was not aware at this time that any other person had ever suggested a similar application of this toy, but Dr. Holmes, in his report on 'Medical Literature,' to the 'American Medical Association,' in 1847, observes: 'The new instrument for reducing dislocations of small joints, described by Dr. Hamilton, was shown several years since, by one of this committee, to the Boston Society for Medical Improvement. Dr. Gilman Davis, of Portland, brought a number of them to Boston, and suggested the mode of using them since proposed by Dr. Hamilton.'"

Dislocations of the Hip.—"The three recent cases of hip dislocation were reduced by the ordinary methods, namely: by extension and counter-extension, with pulleys. In relation, therefore, to the mode of reducing dislocated hips by manipulation alone, I have no experience, and of its value I do not feel competent to speak in any manner authoritatively. Yet I confess that, notwithstanding occasional reports of reduction by this mode from different sources, I have felt some hesitation in admitting its general applicability; and I have ventured to express the opinion, that at last, after a fair *concours*, it would be found to be of limited application. A paper, however, from the pen of Dr. Thomas M. Markoe, one of the attending surgeons to the New York City Hospital, and contained in the January number of the *New York Journal of Medicine*, for the present year, has very much abated my scepticism, and I am encouraged to hope that this process, when the principles upon which its success is dependent have been more fully determined, will be found, in a majority of cases, both safe and practicable.

"Of the six dislocations recorded by me, only two are now reduced. One case, however, was accompanied with a fracture of the upper margin of the acetabulum; another was not seen by a surgeon, and no attempts at reduction were made until after a long time; another was seen by a surgeon, and the nature of the accident was misunderstood; another was seen the next day, and reduction attempted, but without success.

"The result, therefore, is more favorable for surgery than at first the final summary might seem to indicate, since in only one recent case, uncomplicated with fracture, did the surgeon fail. Whether the distinguished operator in this case, Chelius, of Heidelberg, would have succeeded better by a resort to judicious manipulation alone, I cannot say. The patient assures me that it was not tried."

Dislocations of the Tibia.—"Of the seventeen dislocations of the tibia, the whole number occurred at the lower or distal end. Sixteen were dislocations inwards; the only remaining dislocation being a dislocation forwards. Of the sixteen inward dislocations, seven were complicated with fracture of the fibula, six with fracture of the fibula and malleolus internus, three were compound and complicated with fractures also. Two of the compound dislocations resulted in amputation and recovery; one was not amputated, and the patient died. Of the fourteen dislocations which were complicated with fracture, but not compound, two remain unreduced, and only four are known to have left no permanent deformity.

"No cases of dislocation of the lower end of the tibia outwards are recorded,

since all displacements of the tibia outwards must involve a displacement of the fibula also in the same direction.

"In every instance the dislocation of the tibia inwards has been accompanied with a fracture of either the fibula or of the malleolus internus, or of both. I think, however, I have seen two or three inward dislocations of the tibia without a fracture, but I find no record of such cases, nor does my memory enable me to recall them.

"In classifying dislocations of the ankle, I have adopted the usual nomenclature, and have named all those dislocations in which the tibia projects inwards from the foot, 'inward dislocations of the tibia,' yet I have some doubts as to the propriety of this appellation. This accident seems to me to have been in general rather a lateral *rotation* of the foot upon the lower articulating surfaces of the tibia and fibula. Of all the ginglimoid joints, the ankle approaches most nearly in form to a ball and socket joint, in consequence especially of the marked prolongations of the malleolus internus and externus. In other ginglimoid articulations, lateral displacements are not unfrequent, but lateral rotation can scarcely by any accident occur. Here, however, the reverse holds true; lateral displacement is difficult, while lateral rotation is comparatively easy of accomplishment.

"The majority of cases which occur, involving a disturbance of the relative position of the ankle-joint surfaces, are, I am satisfied, of this latter character, viz: lateral rotations within the capsule, and other than true dislocations; and although the restoration of the joint surfaces to position is, in general, easily accomplished, yet, in consequence of either a fracture of the fibula or malleolus internus, or of a rupture of the internal lateral ligaments, it will almost always happen that some deformity will remain. The fragments of the fibula will fall inwards towards the tibia, and the foot, unsupported by either its fibula or its internal ligaments, will incline perceptibly outwards. Nor can this be prevented usually by any mechanical contrivance. Indeed, it would be easy to demonstrate, as I have often done to my pupils, that even Dupuytren's splint, usually employed in this accident, must fail of success in a great majority of cases, since the subsequent deformity is due less to the fracture of the fibula and its consequent displacement, than to the loss of the internal ligaments, which loss nature can seldom fully repair. The whole apparatus of the joint has suffered greatly, and its form and functions, therefore, are not likely to be completely restored, whether the fibula has participated in the injury or not.

"If, however, it were true, that a fracture and displacement of the fibula is the sole or essential cause of the subsequent deformity, it would still be found generally impracticable to avoid the maiming, since it would still remain impossible to lift the broken ends from the tibia, against which, or in the direction towards which, they are so prone to fall. Inversion of the foot does not accomplish it, nor have I ever been able to make anything but the most trivial impression upon the upper end of the lower fragment by pressure upon the lower extremity of the fibula.

"I think too much confidence has been placed in the efficiency of 'Dupuytren's splint.' I believe, indeed, that this splint ought generally to be preferred as a means of support and retention, after this accident; but I doubt whether it is able to accomplish more than a moiety of all that its illustrious inventor proposed.

"In two only of all the cases reported, am I quite certain that there was an actual internal displacement of the tibia upon the astragalus; but even in these cases it seems probable that the displacement was not complete, but that a small portion of the articular surface of the tibia continued to rest upon the astragalus. In neither of these instances was reduction ever accomplished. The cause of this failure I am not able to explain.

"If, therefore, we confine ourselves strictly to those cases in which it is

certain that the internal dislocation was complete, there remains only the barren and unfortunate record of the three compound luxations: cases 6, 13, and 16, of which one died and two recovered after amputation."

The extent of the above quotations will reveal to our readers the value we set upon Dr. Hamilton's report. We are sorry that we cannot say as much of the next paper, *On the Needs, Duties, and Privileges of the Medical Profession*, by Dr. John McCall, of Utica. While there may be some "very good things" in the address, it betrays, if we rightly understand it, too great a regard for the philosophy of the school of Auguste Compte and Theodore Parker, and too little reverence for the "young and lovely teacher of morals," to whom the heathen governor put the question, "What is truth?" to suit our taste.

There are a number of other papers in the volume before us, which we would be glad to notice, but we have exhausted both our limits and our time, and must let the above suffice for the present. We are compelled, also, to postpone any further notice of these *Transactions* to our next number.

☞ We have received from the author, *Lermant's Practical Introduction to the German Language;* or, how to Pronounce and Speak German correctly, &c. &c., without the aid of a teacher, in four parts, 12½ cents each part. This seems to be a very plain, simple, and we believe would prove a very useful work to those who wish to acquire the elements of the German language, and who cannot avail themselves of the aid of a teacher. To be had only of H. Hooker, S. W. corner of Chestnut and Eighth Streets, Philadelphia.

☞ That *indispensable* companion for the practitioner, the *Physician's Visiting List for* 1856, has been issued by the publishers, Lindsay & Blakiston, Philadelphia.

☞ Bedford's *Obstetric Clinic* and other publications, from S. S. and W. Wood, came to hand too late for notice in this number.

EDITORIAL.

RECOMMENDATION AND USE OF QUACK MEDICINES BY PHYSICIANS.

We have received the following note from a correspondent in Connecticut:—

S. W. Butler, M. D.

Dear Sir: Inclosed I send you a quack advertisement, cut from the columns of a religious newspaper, setting forth the marvellous virtues of "Deshler's Anti-periodic Pills." My object in doing so is to inquire whether *Wm. A. Newell, M. D.*, and *A. D. Newell, M. D.*, of New Brunswick, who certify that they have used these pills in their own practice in "hundreds of cases," and "take pleasure in stating thus publicly their experience of their efficacy," are regular physicians and members of the New Jersey State Medical Society? Or whether their signatures are *forgeries*, as was the name of Prof. Silliman, as vouching for Ayer's Cherry Pectoral?

It is incredible that two physicians occupying the eminent positions, which the Hon. Theodore Frelinghuysen asserts in another certificate that they do, could so far forget what is due to the medical profession, as not only to use a nostrum extensively in their own practice, but to commend it to the favorable notice of the profession!

By so doing, have they not identified themselves with quackery in one of its most insidious and dangerous forms? And can they hope to screen themselves behind the very common dodge, that they "have been made acquainted with the composition" of the nostrum?

It is worse than useless to inveigh against quacks and quackery outside of the profession, so long as such things are tolerated within it.

Please inform us, in your next issue, whether these things be so.

H.

We are much obliged to "H." for calling the attention of the profession to this matter, and for giving us an opportunity to express our sentiments upon it, and upon the general subject of the recommendation and employment of nostrums by medical men. The note of our correspondent is a suggestive one, in the following particulars: *first*, that the advertisement is cut from the columns of a religious newspaper; *second*, that the value of the medicine advertised, as a *certain remedy* in a given disease, is certified to by two physicians who are represented as enjoying the confidence of the public in their own State, to such a degree that there, their statements will receive "universal credit," one of whom is, or has been, a member of one of our District Medical Societies; but, *third*, that to give these physicians character *out* of New Jersey, the name of one of her most honored sons, a man extensively

known and universally respected, is brought forward as a guarantee for the respectability of their standing, and the truth of their statements.

In respect to the admission of quack advertisements into the columns of our religious newspapers, it is humiliating to think that, for the sake of a little gain, our religious periodic literature must be begrimed with the foul-mouthed and blasphemous pretensions of nostrum venders, and that the papers that we put into the hands of our children, that they may cull from them sentiments of religion and virtue, should convey to their minds the false notions, and presumptuous guarantees of unprincipled and mercenary deceivers. It is a question with us whether the circulation of religious newspapers, which admit such advertisements into their columns, ought not to be discouraged by physicians.

Then we have the undeniable fact, heralded forth by almost every newspaper in the land, that two physicians, who are represented as occupying a prominent position in their profession in New Jersey, use, and recommend the public and the medical profession to use, a medicine whose pretensions, we have reason to believe, are, in every sense of the word, *false*. We do not mean to assert that the medicine may not sometimes accomplish the object for which it is recommended, but that it exerts such a "marked, specific, and almost *infallible anti-periodic power*," as to justify two respectable practitioners in testifying that they have "never known a person (in hundreds of cases of fever and ague), to have a second chill after commencing with it," and that it "will cure after all usual remedies have failed," we most positively deny. We live in a malarious section of country, and efforts have been made by advertising, and by appointing an agent, to bring the medicine in question into popular favor among us; but, as we are assured by the agent, with but a measurable degree of success. Moreover, we have been assured by numbers who have used the medicine, that it has not given satisfaction. Further, we believe the statement so prominently set forth that the medicine in question contains no salt of mercury, arsenic, or *quinine*, to be substantially false, and calculated, and, perhaps, intended to convey a false impression, inasmuch as we believe that whatever virtues it may lay claim to, as an anti-periodic, are dependent on *quinoidine*, which, we have reason to believe, is its principal ingredient, and

which, though it may not be "a salt of quinine" (!), is nothing more or less than an imperfectly crystallizable substance obtained by the evaporation of the mother water left after the crystallization of quinia in the preparation of that salt. This substance, strictly speaking, may not be a "salt of quinine" any more than uncrystallizable sugar is a "salt" of the crystallizable!

Our correspondent asks whether the gentlemen, whose names are thus used in recommending a nostrum, are regular physicians, and members of the State Medical Society of New Jersey; or, whether their signatures are forgeries. One of the gentlemen is *not*, we believe, a member of any medical society. He once told us that he was a *dentist* rather than a physician, and we are not aware that he ever made any pretension to anything beyond dentistry, unless it is to surgery. The other gentleman "Hon. Wm. A. Newell, M. D.," is, or was, a member of the District Medical Society for the county of Monmouth, in this State. In the REPORTER for January last, we gave him the opportunity of explaining himself in this matter, but he has not seen fit to respond. We take it for granted, therefore, that he is not ashamed of his position. It remains, therefore, for the District Medical Society, for the county of Monmouth, to do its duty, otherwise, we have reason to believe that the subject will be brought up at the next meeting of the State Medical Society.

We are loth to believe that Hon. Theodore Frelinghuysen would willingly indorse any man or set of men, to the extent that "*any* representations made by them are worthy of public confidence." We *cannot* believe that he set his signature to the note in the advertisement, purporting to have come from him, with a full appreciation of the meaning of the language used, and are not willing, therefore, to hold him fully responsible for the unenviable position in which these advertisements place him.

A few words in regard to the use of quack medicines in practice. We are aware that some physicians of standing in the profession are in the habit of recommending certain nostrums, the ingredients of which they think they know, and which experience has taught them, has, in many, or, perhaps, in most cases, in which they have known them to be used, proved beneficial. This we cannot but regard as wrong. It wrongs four parties: the practitioner himself, his patient, his professional brethren, and the public.

In the practitioner the use of these nostrums encourages idleness, by discouraging research, leading into habits of routine practice, and dependence on specifics. It wrongs the patient by disqualifying the practitioner from an intelligent examination into his case, and the remedies best adapted to it, and by obliging him to use an undeviating formula which may be wholly unadapted to his case, nay, positively injurious to him. It wrongs his professional brethren by the antagonism of opinion that is developed, leading to a misconception of the motive which actuates the practitioner who forbids the use of nostrums. We have been mortified and embarrassed when patients have been absent for a short time, to find them, on their return, using notorious quack remedies, recommended to them by men of undoubted standing in the profession. Lastly, the public is deeply wronged in the recommendation of nostrums by medical men, in the encouragement of the most stupendous system of fraud and gigantic swindling that obtains at the present day. In this connection we copy below an editorial article from the *New York Daily Times*, only premising that the number from which we copy contains more than a column of quack advertisements (an unusually small amount), and that the same paper has, on more occasions than one, occupied nearly or quite a *whole page* with the advertisement of a single quack, to the exclusion of news of interest and importance to its readers. We mention this that our readers may the more fully appreciate the *morceau* which follows:—

QUACKS AND QUACKERY.

What a vast increase of the quackery business there has been in New York during the last two years! Quacks have multiplied; there are no manufactories more numerous in our city now than those of patent medicines. There is no end of "wonderful catholicons," "celebrated cordials," "renowned vermifuges," "infallible syrups," "extraordinary ointments," &c. &c. There are pills and plasters, boluses and blisters, lotions and liniments, without number; all manufactured by the bushel, and each capable of curing all the diseases that flesh is heir to. All the patient has to trouble himself about is to see that the name or initials of the original manufacturer is only labelled on the nostrum he chooses; then let his ailment be what it may—no matter how chronic or complicated—he has only to buy bottles enough, or boxes, and use them "as directed," to become in a short time as well as ever, if not a great deal better than if he had never been sick at all. In short, it matters not whether you have the diarrhœa, or the mumps, whether your wife has too much unemployed time on her hands, or you are afflicted with bunions, toothache, or colic, apply to any one of the numerous fraternity of quacks or their "recognized agents," and a perfect and everlasting cure will be guaranteed to you "on the most reasonable terms."

It is curious to observe—and it should encourage all to keep trying—how many, after having failed at some half dozen or other callings (such as those of tailor, cobbler, hack driver, &c. &c.), become renowned as quack doctors. True, this quack has, not unfrequently, so much of the modesty of genius, that, content with receiving their profits himself, he is willing to let others enjoy the honor of his wonderful specifics. For example, we know an ex-city father who is the inventor of certain pills, and of a species of ointment which nothing but death has ever been known to fail, and who, while he manufactures the pills in bushels and the ointment in barrels, is at the same time engaged in divers other sorts of business and speculations; and although he makes far more of the pills and ointment than all his other "operations" put together, he would not for the world have it known that he is a manufacturer of patent medicines.

There are scores of others among us like our friend the ex-municipal father. And no wonder that they are ashamed of their calling when they have any shame left; for, in sooth, they could scarcely be engaged in a more dishonest or pernicious business. It is really worse than that of the Peter Funks, who sell the brass watch for the gold one. The victims of the latter are merely defrauded of their money, while those of the former are defrauded of their money and health. They are a pest and a nuisance.

SHALL THE REPORTER BE CHANGED TO A WEEKLY?

One of our New York contemporaries has announced that the REPORTER is to be changed to a weekly. We trust that the wish in this instance was father to the thought. Such an announcement has not been authorized, though it is true that we have thought of it, and sought counsel on the subject, of some of our professional brethren. As the matter has become public, it may not be amiss to canvass it a little, for such a change will involve too much labor and expense to be undertaken without "counting the cost."

It was no seeking of ours that placed us in an editorial chair. We would have shrunk instinctively from it had not circumstances over which we had no control compelled us to become connected with the REPORTER five years ago; first as publisher, then as assistant editor and publisher, and, finally, as sole editor, publisher, and proprietor. In these various capacities we have labored hard, often amid many and grievous discouragements, to do our duty in the responsible position in which we were placed, our labors frequently, as now, extending into the "we sma' hours ayant the twal;" for we believe we have fully appreciated the responsibility of our position, and only regretted our lack of ability and MEANS to conduct the REPORTER as we felt that a medical journal ought to be conducted. However, we have "done what we could," and our labors have met with an encouragement that we scarce dared

to expect, as manifested in an increased subscription list, in flattering assurances on the part of correspondents that we are accomplishing a good work, in a full supply of original matter, and in the good-will of our brethren of the press, both professional and otherwise.

Still, the encouragement we have received, has fallen very far short of a proper remuneration for our expenditure and toil, and we feel that the time has arrived for us either to enlarge the sphere of our labors, or hand over the editorial tripod to some one who is willing to commence where we leave off, and carry on the work. If the energy that we have expended on the REPORTER had been thrown into some mercantile, mechanical, or agricultural pursuit, we feel confident that it would by this time have been yielding us a fair return.

Now, with a large and rapidly increasing practice, the question of a continuance of our editorial labors becomes one of more serious import than ever. Some anxious friends have desired our unconditional withdrawal from these labors and responsibilities; but, with our present views of our obligations to subscribers and the profession, and the present condition and future prospects of the REPORTER, this is no easy matter. As, however, our enterprise has, after all, to be measured by the standard of dollars and cents, we can only think of going forward at all, while it increases in money value. This it has been steadily doing for five years, in spite of a downward tendency before that time; yet we have arrived at a point where it will not do for us to rest satisfied with a *mere* advance, and our work must be decidedly remunerative to warrant us in continuing to expend our energies upon it. How best to make it so is the question.

We occupy a position, geographically, between the two largest cities of the Union, in neither of which there is a weekly medical journal. The best sustained medical periodical in the country, we have reason to believe, is the *Boston Medical and Surgical Journal*, a weekly, which, if we remember rightly, began its career as a weekly, with but a single Boston name, although the city was thoroughly canvassed. Should we change the REPORTER to a weekly, we have already a respectable, not to say large list of subscribers, and we flatter ourselves a name which will be a great help to us in any attempt we may make to increase our subscrip-

tion list. We have a good corps of collaborators scattered over the country, and believe that, with a little pains-taking, we could add to our list. And last, but not least, we believe we could command the united good-will of the medical press of the country, should we conclude on such an undertaking.

Of the details of the plan we cannot now speak, but would, of course, use our best endeavors to make the "WEEKLY MEDICAL AND SURGICAL REPORTER" a *necessity* to the profession, representing as far as possible the whole Union, but more particularly that portion of it comprised in the Middle States, including the two great cities, New York and Philadelphia.

This, as yet, is a matter of thought and speculation, and of conference with our professional brethren and friends; and we hope that they will be free in the expression of their opinions, as these shall be duly weighed in making up our mind. With the assurance that our present list of subscribers would be *doubled* to commence with, we think that we would feel willing to make the change. What say our friends? Shall this be done? *Will they send us names of subscribers enough to warrant us in establishing a* WEEKLY MEDICAL JOURNAL?

THE RECENT RAILWAY ACCIDENT.

It is our purpose to prepare, we hope, in season for the November number, a full medical and surgical history of the terrible calamity which occurred on the railway on the 29th of August last, within the limits of this city, and by which twenty-four lives were lost, and seventy or more were wounded. Few opportunities are offered for so much experience in railway surgery as was the result of this calamity, and we think its history should be fully recorded. In doing this, we shall, of course, depend, in great measure, on the assistance of the various physicians and surgeons of this city, and from abroad, who had anything to do with the wounded; and, we trust, that they will promptly respond to this call for aid in our undertaking.

SANITARY INSTITUTIONS AGAIN.

In our last number we had some remarks on the subject of sanitary institutions, expressing the hope that they would receive the attention from the profession that their importance demands.

We are glad to find that the *Medical Examiner* for September also contained an article, which we copy below, on the same subject, and to learn from it that our friend, Dr. N. D. Benedict, has opened such an institution for the treatment of consumptives at Magnolia, Florida.

There is no class of invalids who require the comforts, conveniences, and even the luxuries of life more than those threatened with consumption; and yet it oftentimes has happened to those who have sought the equable temperature of Florida during the winter and spring months, to be so seriously inconvenienced for the want of the proper accommodation, adapted to their condition, that the benefits they had hoped to derive by wintering in the south were much diminished.

We are glad to learn that an establishment will soon go into operation to which those suffering from such affections may resort with every confidence, both in regard to its hygienic management and the medical skill of its attending physician.

This *Sanitarium* for affections of the throat and lungs is to be under the care of Dr. N. D. Benedict, late Superintendent of the New York State Lunatic Asylum.

It is located at Magnolia, East Florida, on the river St. Johns, between Jacksonville and St. Augustine, at a distance of about twenty miles from the seaboard. It is one day's journey, by steamboat, from Savannah and Charleston, and four days, by steamer, from New York and Philadelphia, *via* Charleston or Savannah.

The climate of East Florida is probably better adapted, as a winter residence, for invalids with delicate lungs, than any other part of the United States. The mean temperature of the winter months is about 60°; frost is rarely seen, and the little rain that falls is rapidly absorbed by a dry, sandy soil, shaded by pine forests.

After much observation and deliberation, the above site was chosen, believing it to possess as many, if not more, advantages than any other location in the country.

The house, which is commodious, having large, airy chambers, and in every respect well constructed for the purpose, will be opened in November next for the reception of invalids, who may or may not be accompanied by their friends.

We have known Dr. Benedict for many years, and can bear warm testimony, from personal experience, to his skill as a physician, and his warm-heartedness as a man. More particular information may be obtained by addressing him at Philadelphia.

YELLOW FEVER.

Our readers have learned, through the newspaper press, of the terrible ravages of the yellow fever in Norfolk and Portsmouth, Va. Enough has not yet transpired to enable us to give a full history of the epidemic and its ravages. It seems to have had its origin as follows:* On the 7th of June, the steamer "Ben Franklin" arrived in Hampton Roads from the Island of St. Thomas,

* For many of the following facts we are indebted to a graphic editorial in the September number of the *Virginia Medical and Surgical Journal.*

where the yellow fever prevailed at the time of its departure. There being, however, no fever on board the "Ben Franklin" a quarantine of only twelve days was imposed upon her; at the expiration of which time she hauled up to a shipyard immediately adjoining the government navy yard at Gosport. About the 5th of July, in violation of express orders, the captain proceeded to unload his vessel, and in less than two days one of the crew was taken down with yellow fever. The next day six more of the crew were seized. In fact, the hold of the vessel proved to be a very Pandora's box to the unfortunate inhabitants, and the disease immediately spread through the whole neighborhood. The operatives in the navy yard were attacked with such virulence that labor had to be suspended, and the unfortunate workmen had to fly in every direction, some of them carrying the seeds of the disease with them, and all of them the brand of Cain in their foreheads wherever it was known that they were fugitives from Gosport.*

The city of Portsmouth is next invaded, and, on the 25th of July, a fugitive from the infected district reaches Norfolk, and plants the seeds of the disease in the heart of that city, and from this time the pestilence rages in both cities. By the census of 1850, the population of Norfolk was stated to be 14,329, and that of Portsmouth was less than 10,000. As a great proportion of the inhabitants of both cities fled, it is impossible to estimate the per centage of sickness and mortality. A telegraphic report, dated September 23, estimates the population of Portsmouth, at that time, at 2,200, of whom 2,000 were either still sick or convalescing. The disease seems to have reached its height by the 25th of September, having raged fearfully in both cities from the 18th to the 25th.

The greatest mortality that we have seen reported reached about fifty in Norfolk, and thirty in Portsmouth, in a day. The total mortality in the two cities, up to the 1st of October, must reach as high as 2,000 for Norfolk, and 1,000 for Portsmouth.

It will aid in forming an estimate of the mortality, to state that if an epidemic were to prevail in the city of New York, in which the mortality should be in the same ratio that it has been in

* It is understood that orders were issued *not to employ* the operatives from the Gosport Navy Yard in any of the other government navy yards.

Norfolk, the number of deaths would reach as high as 10,000 a day!

Among the dead are numbered not less, we think, than thirty physicians. Seven are reported to have died on one day, and five on another. Among them we observe the names of Dr. Geo. L. Upshur, of Norfolk, and Dr. P. C. Gooch, of Richmond, formerly editor of the *Stethoscope*. Members of our profession have nobly gone, from every direction, to the rescue of the sufferers in the afflicted cities. We observe that the mortality has fallen most heavily on those who have gone from northern cities; so much so, that the authorities were compelled to discountenance any more coming, as they only furnished fresh victims to the fell destroyer.

This epidemic furnishes a fresh bone of contention for the contagionists and non-contagionists. On the one hand, it will be argued that here is indubitable proof that yellow fever was *imported* into Portsmouth first, and from thence carried into Norfolk; while, on the other, it will be replied that the disease was imported again and again into New York, and carried from Norfolk and Portsmouth to Baltimore, Richmond, and numerous other places without becoming epidemic. In this, as in most other questions, the truth most probably lies between the extremes.

If we can procure the material, we shall take occasion to inform our readers more particularly of the results of this severe epidemic.

The yellow fever has prevailed somewhat, though in a modified form, in New Orleans; but in other parts of Louisiana and in Mississippi it has appeared in its worst form. The probability is that the disease will soon be arrested by the autumnal frosts. Whether it will be likely to appear in some of our northern cities the coming year is a matter of speculation that we are not prepared to enter into at present.

MISCELLANY.

☞ The extraordinary labor thrown upon us by the railway catastrophe of the 29th of August, made us late in mailing the September number, and interfered with our work upon the present number, which makes it late in its appearance.

We perceive that a new Medical College has been started in Keokuk, Iowa, with a full corps of seven professors.

Dr. Joseph Parrish, former editor of this journal, is now travelling in Europe for the benefit of his health. It had been much benefited by spending the last winter in Alabama.

We have received the circular of a Veterinary School, which has recently been started in Boston; a much needed institution if properly conducted. We have heard it remarked that if an intelligent veterinary surgeon should establish himself in the county seat of this county, he would make more money than all the physicians in the county together!

The Emperor of the French has conferred the cross of officer of the legion of honor on M. St. Clare Deville, and that of simple member on M. Vohler, for their discovery of the new metal aluminium.

ECLECTIC AND SUMMARY DEPARTMENT.

Glycerine in Tuberculosis. By J. L. Crawcour, M. D., New Orleans.—In a communication which appeared in the January number of this Journal,* I stated that I had found glycerine not only a safe, but a most useful remedy in many cases of disease. I now purpose to examine more in detail the grounds for its adoption in tuberculosis. Hitherto, the sheet-anchor of the profession has been cod-liver oil, and although this in many instances has proved an invaluable agent, still in many other cases it has disappointed our expectations, and on many we have been deterred from its use by the invincible repugnance of the patient, by the nausea it frequently induces, and by the extreme difficulty with which it is sometimes assimilated. In no disease is dyspepsia so formidable a complication as in phthisis, and in no other disease do we find so much difficulty in restoring the digestive organs to a healthy condition. It becomes, therefore, a matter of great importance to the practitioner, to find some agent which, while it possesses the remedial virtues undoubtedly existing in cod-liver oil, should at the same time be free from the objections militating against its use. Modern chemistry, among many of the boons it has presented to medicine, has shown us that in a few grains of the alkaloid quinia, may reside the powers of an ounce of bark; that in a minute atom of atropine may be present all the useful properties of a comparative large dose of belladonna, and it is probable that a similar course of investigation may demonstrate to us, in what really consists the superiority of cod-liver oil as a medicament to other oils. That it is not solely as an oil that it exerts its influence, is evinced by the fact that other oils, as oils, will not produce the same effect, and that it is not to its combination with iodine, a bile constituent, that its power is due, is proved by the fact of these agents failing to produce the specific therapeutic action of cod-liver oil, even when combined with fatty substances. But there is one constituent which, though common to all oils, yet exists in such large quantities in cod-liver oil, as at once to direct our attention to it. I allude to glycerine, the base of all animal fats, and which is not only present in a greater excess in cod-liver oil than in most other oils, but is found in a larger proportion in that variety of oil which modern experience has pronounced to be the most easily assimilated, and the most efficacious—I mean the pale oil.

The following are the proportions of glycerine in 100 parts of cod-liver oil:—

100 parts of brown cod-liver oil, contained		9.111 of glycerine.
"	light brown, ...	9.073 "
"	pale do.	10.117 "

this latter variety showing a marked increase in the quantity of this constituent.

* See April No. of the Reporter, p. 224.

It may be stated, as a rule, that the more nearly a substance resembles the organism into which it is to be introduced, the more easily will it be assimilated, and the more easily will it supply the wants of that organism. Now, glycerine forms the basis of all the fats of the human body, and lactic acid is found in all the juices of the body. If we examine the analyses of these two substances, we shall be struck by a curious chemical coincidence. Lactic acid is composed of C_6, H_6, O_6. Glycerine of C_6, G_6, H_7; or, may be hypothetically stated to be lactic acid, by 2 equivalents of hydrogen. Grape sugar, sugar of milk and starch, severally consists of C_{12}, H_{12}, O_{12} or 2 equivalents of lactic acid, or of 2 equivalents of glycerine, minus 2 equivalents of hydrogen, and are all converted into lactic acid, before they can be used for the economy. Now, lactic acid is decomposed by the respiratory process, and according to Dr. Carpenter, may supply a pabulum for the combustive process, and thus contribute to the maintenance of the heat of the body. If lactic acid supplies this indication, glycerine which contains two atoms of hydrogen to spare, and which it readily yields up, must act more efficaciously; and as one of the sources of lactic acid to the system (besides the transformation of starchy and saccharine food) is due to the destruction and metamorphoses of muscular tissue, we may account for the wasting in phthisis, and for the remarkable benefit seen so early after the use of cod-liver oil, without supposing that the power is due solely to the absorption of the fatty materials of the body, or that the latter is due solely to the assimilation of the carbonaceous material of the oil.

In pulmonary disease, one object of treatment is to exhibit an agent on which the oxygen of the air may act, instead of upon the tissues of the patient, and to fulfil this indication, we select from the unazotized, or combustive class of food, and probably, except with regard to readiness, and ease of assimilation, it makes very little difference which we choose, whether starch, sugar, fat, or alcohol: but as in this disease, the assimilative powers are highly impaired, it becomes the great desideratum to exhibit that which shall, *cæteris paribus*, give the least work to the digestive organs, be the most readily absorbed, and contain the largest amount of necessary material in the least bulk. Looking to this view of the case, Dr. Turnbull, of London, recommends the sugar of milk, and for the following reasons:—

"It appeared to me," says Dr. Turnbull, "that as the functions of the lungs are more or less impeded in all pulmonary diseases, and as cod-liver oil has been found so beneficial in consumption, advantage would be gained by selecting from the non-azotized class of alimentary substances, such of them as would have the greatest tendency to unite readily with the oxygen absorbed at the lungs, and thus, in the disabled condition of these organs, to facilitate the performance of their functions. I was thus led to inquire which of the combustive class of alimentary articles are more readily digested, and have the greatest affinity for oxygen. Sugar of milk possesses these properties in a high degree, and whey, which consists almost entirely of sugar of milk, has long been found useful in consumptive cases."

For these reasons, Dr. Turnbull suggests the employment of sugar of milk in consumption. Now, if these views are sound, and these

remedies should be found useful in disease, certainly for similar reasons, glycerine should occupy a prominent position, especially when we take into consideration the fact of its possessing two atoms of highly combustive material, viz: hydrogen, over and above that portion of its constitution which is isomeric with lactic acid and sugar. That it is not to the preponderance of carbon only, that many remedies used in consumption owe their efficacy, is proved by several experiments instituted by Dr. Theophilus Thompson, of the Hospital of Consumption, London. This distinguished physician, in his experiments on the therapeutic effects of various oils, arrived at the following results: He found that olive and almond oils, unless combined with phosphorus, produced negative results; the oil of the sunflower seed, which contains a very large amount of carbon, was equally unsatisfactory; but from cocoa-nut oil he obtained results equally favorable with those obtained by the use of cod-liver oil, and the increase in the amount of red corpuscles was equal under the use of either oil.

The oil employed was a pure cocoa oleine, obtained by pressure from the crude cocoa-nut oil, refined by being treated with an alkali, and then repeatedly washed with distilled water. It burns with a faint blue flame, showing a *comparatively small proportion of carbon*, and is undrying. Now, if we compare these several oils, what do we find? Cod-liver oil, a highly complex substance, and active in its therapeutic effects; sun-flower oil, containing a large excess of carbon, inactive; olive, and almond oils, simple in their constitution, and containing a moderate quantity of carbon, comparatively inert; while cocoa oleine, equally simple in constitution, and equally moderate in carbonaceous elements, rivals, in therapeutic activity, the complex cod-liver oil. The following are the proportions of carbon these oils contain: cod-liver oil, 80.18 equivalents; cocoa oleine, 69.62; olive, and almond oils, 69.38. The amount of benefit derived is out of all proportion to the carbon contained, for if it were not so, butter and lard would be equally beneficial with cod-liver and cocoa oil; but, though to a certain extent, all oleaginous substances are useful, still some seem to act more efficaciously than others, and possibly this may depend upon the ease with which they are assimilated, and the rapidity with which they may be taken up by the system. Now, glycerine is so simple in its constitution, so miscible with all fluids, so homogeneous with the system itself, that it is highly probable that, like other fluids, it may at once be taken up, and conveyed in the torrent of the blood throughout the whole system, and supply the want of oleaginous material required, and that without fatiguing the already debilitated digestive organs. Its low specific gravity 1.28, not much above that of blood 1.056, favors this assumption.

On examining more closely into the cocoa oleine mentioned by Dr. Thompson, I think we shall come to the conclusion that its efficacy above other oils does really depend upon the large amount of glycerine it contains, for although we have no qualitative analysis of it, yet its physical properties so closely resemble those of glycerine as to warrant us in this assumption. In the first place, its mode of preparation, viz: the purification by means of an alkali—in other words, its incomplete saponification—would tend to remove a large amount of the fatty acids,

and leave the glycerine comparatively free; and secondly, its mode of combustion is not that of an oil, but exactly corresponds with what we observe when glycerine is ignited, for this also burns with a pale blue flame. I am disposed to believe, therefore, that, as in the Peruvian bark, its efficacy depends upon the quinine it contains, and, as in the old-fashioned remedy, the spongia usta, its remedial virtues were due to the iodine, its constituent; so in cod-liver oil and cocoa oleine, the active principle may be said to reside chiefly in the glycerine they contain. If this be so, the advantages that glycerine possesses over both these remedies, to agreeableness of taste, in case of assimilation, and above all, in the property it possesses of entering into combination with almost every article in the materia medica, excepting ether, must warrant its adoption in their place, where, as in phthisis, a remedy has to be continued for months, and perhaps for years, it becomes almost an absolute necessity that it should be as little repugnant to the patient as possible, and if, of two remedies, both possessing equal claims to attention, one has the superiorty in the article of taste, it becomes our duty to employ it. With regard to the exact mode in which these substances act, little is known with certainty; they certainly do not act exclusively in the way of nutriment, but in the words of Dr. Thompson, "they seem to modify the condition of the granules which enrich the blood, and to dispose them to the calm progression of change, by which they are made to contribute to the production of healthy structure."

I mentioned in my former paper, I had found that phosphorus was to a certain extent soluble in boiling glycerine, and that the solution was nearly tasteless, and miscible with water or other liquids. This, I think, is a circumstance well worthy of attention, as although phosphorus has often been required as a remedy, the difficulty of administering it has hitherto been so great, as almost to banish it from the materia medica. In phthisis it has been strongly recommended, so much so, indeed, that many are still disposed to consider that the remedial power of cod-liver oil consists in the amount of this substance it contains, and it has certainly been found efficacious in the disease; when we consider that the blood in health, as demonstrated by Dr. G. O. Rees, contains a phosphorized fat, which, according to his theory, when exposed to air in the lungs, absorbs oxygen, and is converted into phosphoric acid, and this becomes a source of heat, one shall be at no loss to conceive why it should prove, in many instances, so valuable a remedy, especially when we recollect that this excess of phosphorus is chiefly found in the red corpuscles, which become remarkably diminished during the progress of phthisis; this gives us further evidence of the necessity of supplying this element, and I therefore suggest the employment of the glycerole of phosphorus, in combination with glycerine as an efficient and agreeable substitute for cod-liver oil in phthisis.—*N. O. Med. News & Hosp. Gazette.*